

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Publication or Docket Number

10/042904

## CLAIMS AS FILED - PART I

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | minus 20 =   |              |
| INDEPENDENT CLAIMS  | minus 3 =    |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE                         |    | RATE      | FEE                         |
|-----------|-----------------------------|----|-----------|-----------------------------|
| BASIC FEE | 352.00<br><del>370.00</del> | OR | BASIC FEE | 770.00<br><del>740.00</del> |
| X\$ 9=    |                             | OR | X\$18=    |                             |
| X42=      |                             | OR | X84=      |                             |
| +140=     |                             | OR | +280=     |                             |
| TOTAL     |                             | OR | TOTAL     |                             |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

11/17/06

|             | (Column 1)  |      | (Column 2)                         |       | (Column 3)    |
|-------------|---|------|------------------------------------|-------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT  |      | HIGHEST NUMBER PREVIOUSLY PAID FOR |       | PRESENT EXTRA |
|             | Total   | * 16 | Minus                              | ** 26 | =             |
|             | Independent   | * 1  | Minus                              | *** 3 | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |      |                                    |       |               |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X42=             |                | OR | X84=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|             | (Column 1)  |   | (Column 2)                         |     | (Column 3)    |
|-------------|---|---|------------------------------------|-----|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT  |   | HIGHEST NUMBER PREVIOUSLY PAID FOR |     | PRESENT EXTRA |
|             | Total   | * | Minus                              | **  | =             |
|             | Independent   | * | Minus                              | *** | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |                                    |     |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X42=             |                | OR | X84=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|             | (Column 1)  |   | (Column 2)                         |     | (Column 3)    |
|-------------|---|---|------------------------------------|-----|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT  |   | HIGHEST NUMBER PREVIOUSLY PAID FOR |     | PRESENT EXTRA |
|             | Total   | * | Minus                              | **  | =             |
|             | Independent   | * | Minus                              | *** | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |                                    |     |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X42=             |                | OR | X84=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- \*\*\* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.